



CITY OF JUNCTION CITY
RETAIL FIREWORKS STAND APPLICATION - 2013
 (Application Deadline June 15, 2013)

Submit application, attachments and fee to: Junction City Fire Department, P O Box 287, Junction City, KS 66441.

Questions may be directed to the Junction City Fire Department at 785-238-6822.

| BUSINESS INFORMATION | | | | | |
|--|-------|---|--|---|--|
| Business Name: | | | | Business Telephone: | |
| Contact Name: | | | | Contact Telephone: | |
| Mailing Address: | | Street | Ste | City | State Zip Code +4 |
| CONTACT INFORMATION | | | | | |
| Contact Person for Stand Name: | | | | Contact Telephone: | |
| Title: | | | | 24 Hour Telephone: | |
| RETAIL SALES LOCATION | | | | | |
| Site Location: | | | | Site Plan Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| STORAGE AREA LOCATION | | | | | |
| Site Location: | | | | Site Plan Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| INSURANCE INFORMATION | | | | | |
| Insurance Company Name: | | Bodily Injury & Property Damage Coverage Amt: \$_____ | | Copy of Certificate Attached? | |
| Certificate or Policy No.: | | Cert. Effective Date:_____ | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Cert. Expiration Date:_____ | | | |
| AGREEMENT | | | | | |
| I agree to all requirements of the Junction City Fire Department as a condition of this permit and license and the requirements of STORAGE AND SALE OF CLASS 'C' FIREWORKS within the City of Junction City. | | | | | |
| **Signature | | Print Name & Title | | Date | |
| **Signature | | Print Name & Title | | Date | |
| Copy of Sales Tax Certification Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Copy of Site Plan for Sales Location Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Fee Payment Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Copy of Site Plan for Storage Location Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Office Use Only - Do Not Write in This Area | | | | | |
| | Date | Approved | Denied | Signature | Fee Paid Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Application Received | _____ | _____ | _____ | _____ | Date Paid _____ |
| Inspection Completed | _____ | _____ | _____ | _____ | Form of Payment _____ |
| Permit | _____ | _____ | _____ | _____ | Collected By _____ |

**Signatures must be that of a responsible party. Legal signatures include: sole proprietor-owner, corporate officer, partner and managing member or agent.